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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number

10692,171

Filing Date

10/23/2003

First Named Inventor

Edgar A. O'Rear III et al.

Art Unit

1773

Examiner Name

S. Ahmed

Attorney Docket Number

5820.643

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation of POA, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	1. Transmittal Form (1 page); 2. Fee Transmittal Form (1 page); 3. Request of Extension of Time (1 page); 4. Credit Card Form (1 page); 5. Request for Continued Examination (RCE) Transmittal - Form PTO/SB/30 (1 page); 6. Response to Office Action/Amendment (13 pages); and 7. Postcard.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	DUNLAP, CODDING & ROGERS, P.C.		
Signature			
Printed name	Douglas J. Sorocco		
Date	02/23/2006	Reg. No.	43,145

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: **SENT BY EXPRESS MAIL, DATED *****

Signature

Typed or printed name

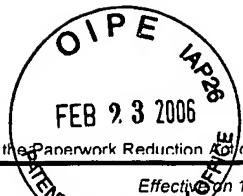
Douglas J. Sorocco

Date

02/23/2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\\$) 455
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Complete if Known

Application Number	10/692,171
Filing Date	10/23/2003
First Named Inventor	Edgar A. O'Rear III, et al.
Examiner Name	S. Ahmed
Art Unit	1773
Attorney Docket No.	5820.643

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Small Entity Fee (\$)
 Fee (\$)

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Small Entity Fee (\$)
 Fee (\$)

Multiple dependent claims Small Entity Fee (\$)
 Fee (\$)

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims
 - 20 or HP = 1 x 0 Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20 Small Entity Fee (\$)
 Fee (\$)

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) 0
 - 3 or HP = x 0 Fee (\$) Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3 Small Entity Fee (\$)
 Fee (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	0	/ 50 = (round up to a whole number)	x	= 0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: 1-month Extension of Time fee \$60; Request Continued Examination fee \$395

Fees Paid (\$)
0

455

SUBMITTED BY

Signature	Registration No. (Attorney/Agent)	43,145	Telephone	405-607-8600
Name (Print/Type)	Douglas J. Sorocco		Date	02/23/2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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